

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE
REQUEST / APPROVAL TO CARRY WEAPON

Date of Request:_____ Date Received by Training Division:_____

Name: _____ Assignment:_____
(Last, First M.I.)

Make: _____ Model:_____ Serial Number:_____

Caliber / Gauge:_____ Barrel Length:_____ Capacity:_____

Weapon Type: _____Semi - Automatic _____Shotgun _____Rifle

Intended Use: _____Primary _____Secondary _____Off – Duty

Completed By Armorer

I have inspected the above described weapon for safety, reliability and accuracy and find it to be:
_____ Acceptable _____Unacceptable.

The safety check (Form 19-25) is attached as required for all weapons.

(Certified Armorer's Signature) (Date)

Completed by Firearms Instructor

I have checked _____ for competence in the use of the above
(Applicant Name)
described weapon. The applicant has adequately demonstrated proficiency in its use by firing a score
of _____ out of a possible _____ on the course designed for this weapon.

(Firearms Instructor's Signature) (Date)

(Applicant's Signature) (Date)

Completed by Commander

To: _____
(Applicant Name)

Your request to carry the above weapon as an _____ On duty _____ Off duty
weapon has been approved.

(Commander's Signature) (Date)

Instructions: Complete Form 101 in original and two copies. Have applicable sections completed by a
certified armorer and firearms instructor. Submit a completed Form 77R with the application to
your commander. Weapon standards are found in Chapter 22, section II of the Patrol Manual.

Distribution: Original - Employee's auxiliary file
Copy - Training Division
Copy - Employee

